

# Guide to Applying for Wisconsin's Health, Nutrition and Other Programs

## ***This is a guide on how to apply for:***

- FoodShare
- Health care (BadgerCare Plus, Medicaid, Family Planning Only Services, Prenatal Services, Emergency Services)
- SeniorCare Prescription Drug Assistance Program
- Caretaker Supplement
- FoodShare Employment and Training

## ***And:***

- Who can enroll
- How to apply
- Information you need to apply
- Monthly premiums
- Your rights
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- How to use your QUEST card
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- ACCESS — Online tool to apply and manage your benefits
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*For more information about these programs or to get the address and phone number of your agency, go to [dhs.wi.gov/em/customerhelp](https://dhs.wi.gov/em/customerhelp), call Member Services at 1-800-362-3002 or contact your agency.*

*If you need help to access services or materials in an alternate format, contact your agency. Translation services are available at no cost.*



**Please Note:** Everyone who is enrolled in any of these programs is responsible for following all program rules. Program rules are listed in detail in the ForwardHealth Enrollment and Benefits handbook. You will receive a handbook when your agency receives your application or request for assistance. The handbook is also available online at [dhs.wi.gov/em/customerhelp](https://dhs.wi.gov/em/customerhelp).

**Please report public assistance fraud by calling 1-877-865-3432 (toll-free) or visit: <https://www.reportfraud.wisconsin.gov/>.**

### **Income and Asset Amounts**

Income and asset amounts are based on Federal Poverty Level (FPL) guidelines and/or federal program rules.

Income limits can be found on page 11. These amounts are based on the 2012 federal guidelines which may increase by a small percentage each year.

These amounts can also be found by calling Member Services at 1-800-362-3002 or online at [dhs.wi.gov/em/customerhelp](https://dhs.wi.gov/em/customerhelp) and click on “Income Limits”.

## **Who Can Enroll**

### **Enrollment in FoodShare**

Anyone can apply for FoodShare. You may be able to enroll, if:

- Your family income is at or below the monthly program limit, and
- You are a Wisconsin resident, and
- You or members of your family are United States citizens or legal immigrants.

If your family’s gross income is under the “Gross Monthly Income” amount, you may be able to enroll in FoodShare. By gross monthly income we mean the amount before any deductions are taken out.

Certain credits for shelter, child support and child care costs are subtracted from your gross monthly income to find your net monthly income.

The FoodShare benefit amount is based on your family’s net monthly income and the number of people in your family.

### **Enrollment in BadgerCare Plus Standard and Benchmark Plans**

You may be able to enroll in the Standard or Benchmark plan, if you are a Wisconsin resident and:

- Your family income is at or below the monthly program limit, and
- You or members of your family are United States citizens or legal immigrants, and
  - A child (birth to age 19), or
  - Pregnant woman, or
  - Parent or relative who lives with and takes care of a child, or
  - Parent with a child(ren) in foster care, or
  - Young adult who is leaving foster care, or
  - Farmer who is a self-employed parent.

You may be required to pay a monthly premium to enroll in a BadgerCare Plus Standard or Benchmark plan. See Premiums on page 6.

### **Standard Plan**

Children, pregnant women, parents and relatives who care for a child with family income up to 200% of the FPL will be enrolled in the Standard plan.

### **Benchmark Plan**

Children, pregnant women, parents and relatives who care for a child with family income above 200% of the FPL will be enrolled in the Benchmark plan.

**Self-employed Families:** If your family income, including self-employment income, is at or below 200% of the FPL without deducting depreciation expenses, you will be enrolled in the Standard Plan.

If your family’s self-employment income is over 200% of the FPL, a second calculation is done to deduct any depreciation expenses from your business income. If this deduction reduces your family income below the monthly income limit, the family will be enrolled in the Benchmark plan.

Families are allowed to deduct most business expenses except mortgage principal of business loans, purchase of capital assets, or durable goods. Depreciation costs must be identified separately and are only considered if family income is over 200% of the FPL.

Children under age 19 with family income above 150% of the FPL who have access to health insurance and pregnant women with incomes above 300% of the FPL may be able to enroll in a BadgerCare Plus Deductible plan. See Deductible plans on page 6.

### **BadgerCare Plus Core Plan**

Enrollment in the Core Plan has been suspended, because the total number of applications we have received is greater than the number of slots available.

A BadgerCare Plus Core Plan waitlist has been created. For more information about the Core Plan waitlist, go to [badgercareplus.org/core](http://badgercareplus.org/core).

Medicaid for the Elderly, Blind or Disabled Plans included are:

- Medicaid Standard
- Medicaid Purchase Plan
- Wisconsin Well Woman
- Long-Term Care
  - Home and Community Based Waivers
  - Family Care
  - Family Care Partnership
  - Family Care IRIS
  - Institutional Medicaid (Hospital, Nursing Home, Institutions for Mental Disease)

You may be able to enroll, if you are a Wisconsin resident, and:

- Are age 65 or older, blind or have a disability, and
- Your family income is at or below the monthly program limit, and
- Are a United States citizen or legal immigrant.

### **Medicare Savings Program**

This program is for those who are eligible for Medicare and who have low income and limited assets.

Wisconsin Medicaid may be able to help pay for certain Medicare costs, if you qualify for the Medicare

Savings Program. The type of plan you are able to enroll in depends on your income (after you are given certain credits) and your assets.

### **Qualified Medicare Beneficiary (QMB)**

Medicaid will pay any Medicare Parts A and B premiums, Medicare coinsurance and deductibles, if your income is at or below 100% of the FPL.

### **Specified Low Income Medicare Beneficiary (SLMB)**

Medicaid will pay Medicare Part B premiums, if your income is between 100% and 120% of the FPL.

### **Qualified Individual Group 1 (also called Specified Low-Income Beneficiary Plus) (SLMB+)**

Medicaid will pay your Medicare Part B premiums, if your monthly income between 120% and 135% of the FPL.

### **Qualified Disabled and Working Individual (QDWI)**

Medicaid will pay for Part A premiums if your monthly income is less than 200% of the FPL.

### **Wisconsin SeniorCare**

SeniorCare is Wisconsin's Prescription Drug Assistance Program for Wisconsin's senior residents.

You may be able to enroll if you:

- Are a Wisconsin resident, and
- Are 65 years of age or older, and
- Meet the income guidelines (assets are not counted).

SeniorCare has four levels of enrollment, depending on your income:

**Level 1:** At or below 160% of the FPL (\$17,872 for an individual and \$24,208 for a couple).

**Level 2a:** Income between 160% - 200% FPL (\$17,873 to \$22,340 for an individual and \$24,209 to \$30,260 for a couple).

**Level 2b:** Income between 200% - 240% FPL (\$22,341 to \$26,808 for an individual and \$30,261 to \$36,312 for a couple).

**Level 3:** Income more than 240% FPL (\$26,809 and over for an individual and \$36,313 and over for a couple).

All members must pay a \$30 annual enrollment fee per person. Members will also have some out-of-pocket costs. These costs depend on your level of enrollment.

More information about SeniorCare can be found at [dhs.wi.gov/em/customerhelp](https://dhs.wi.gov/em/customerhelp) or by calling SeniorCare Customer Service at 1-800-657-2038.

### **Family Planning Only Services**

You may be able to enroll in Family Planning Only Services if your monthly income is under 300% of the FPL.

Please keep in mind, Family Planning Only Services is a limited plan and you may be able to enroll in the BadgerCare Plus Standard or Benchmark Plan which are full benefit plans.

### **Prenatal Services Plan**

Prenatal Services provides pregnancy-related health care for women who are not able to get BadgerCare Plus because of immigration or citizenship status. See BadgerCare Plus Standard and Benchmark plans for enrollment rules.

### **Emergency Services Plan**

The Emergency Services Plan is short term health care for people who have an emergency medical condition and cannot get BadgerCare Plus or Medicaid because of their immigration or citizenship status.

Emergency Services will only pay for health care you get for an emergency medical condition. A medical emergency is a medical problem which could put your health at serious risk if you do not get medical care right away.



**Please Note:** If you are not a citizen or a legal immigrant, you may be able to get help with BadgerCare plus Prenatal Services or Emergency Services. You do not have to provide a Social Security Number. Your immigration status will not be shared with the United States Citizenship and Immigration Services.

### **Wisconsin's Caretaker Supplement (CTS)**

CTS is a cash benefit. CTS benefits are paid to parents who are eligible for Supplemental Security Income (SSI)

payments. Caretaker Supplement benefits are \$250 per month for the first eligible child and \$150 per month for each additional eligible child.

You must be getting Wisconsin SSI payments and your children must meet all CTS income and asset rules.

You cannot get CTS benefits for any children who are also getting SSI. If your children have two parents in the home, both parents must be getting SSI. If your SSI benefits end, your CTS benefits will also end. Any parent who gets CTS benefits must cooperate with the county child support agency to ensure that any absent parent is paying child support.

## **How to Apply**

### **Apply Online at [ACCESS.wi.gov](https://ACCESS.wi.gov)**

[ACCESS.wi.gov](https://ACCESS.wi.gov) is a safe, private and easy way to apply for and to manage your benefits. You can use ACCESS to apply for health care, family planning services and nutrition programs at the same time.

### **Apply by Mail, Phone or in Person**

**By mail:** To apply by mail, fill out an application for each program for which you are applying. Mail or fax your completed and signed application(s) to:

If you live in Milwaukee or Menominee Counties:

MDPU  
PO Box 05676  
Milwaukee WI 53205  
Fax: 1-888-409-1979

If you **do not** live in Milwaukee or Menominee Counties:

CDPU  
PO Box 5234  
Janesville, WI 53547-5234  
Fax: 1-855-293-1822

You can get an application(s) and/or the address and phone number of your agency by calling 1-800-362-3002 or online at [dhs.wi.gov/em/customerhelp](https://dhs.wi.gov/em/customerhelp).

**By phone:** The phone number of your agency can be found at [dhs.wi.gov/em/customerhelp](https://dhs.wi.gov/em/customerhelp) or by calling 1-800-362-3002.



**In person:** To get the address of your agency, go to [dhs.wi.gov/em/customerhelp](https://dhs.wi.gov/em/customerhelp) or call 1-800-362-3002.



**Please Note:** For FoodShare, an interview is required. The interview will be done by phone unless you want to do the interview in person.

If you would like to apply by phone or in person, you will need to contact the agency to set up a date and time to apply.

## You Must Tell Us

When applying for FoodShare and health care services, you will need to provide certain information.

The following is needed for each person applying:

- Social Security Number (SSN) (see note on page 4)
- Date of birth
- Marital status
- Who lives in your home and how you are related,
- Where you live (street address, city, state, ZIP Code)
- Citizenship/immigration status
- Job information including employer's name address and phone number
- Income (self-employment income, job income and wages, how often and how much paid)
- Other income (child support, Veterans Benefits, Social Security, Unemployment Compensation, etc.)
- Assets (if applying for Medicaid and Caretaker Supplement)
- For BadgerCare Plus and Medicaid, any information about all health insurance or long-term care insurance for all members applying and who is covered under the policy.

## Proof/Verification

When you apply, you will need to send proof of some of your answers. See page 12 and 13 for the items of proof you may need.

If you apply by mail you should try to send as many items of proof as you have, but do not wait to apply until you have all your items. The date your benefits begin depends on when the date the agency gets your application. See Begin Dates, for more information.

If you apply in person, take your items of proof with you to your appointment.

Please keep in mind that for FoodShare and Medicaid you are given credit for some costs.

For BadgerCare Plus Standard and Benchmark plans, you are given credit for child support you pay to someone else. To get a credit, you must report the costs. You may be asked to provide proof of that cost.

## Scan/Upload Proof

You can also scan or upload and send your items of proof online. For more information about access, see [ACCESS.wi.gov](https://ACCESS.wi.gov) on page 10.



**Please Note:** If you have already given proof of citizenship and identity to your agency, you will not have to provide this information again. If you need help getting proof, contact your agency for help.

## Important Information

### Begin Dates

If you are able to be enrolled, the earliest date you will get benefits is:

### FoodShare

The date the agency gets your signed application or request for assistance is the earliest date you can get benefits.

Your name, address and signature are required to set your "application date". A completed application includes an interview and any items of proof required to complete the application process.

You will be notified of your enrollment status, in writing, within 30 days from the day the agency gets your application.

### Priority FoodShare Services

You may be able to get FoodShare benefits within 7 days of providing your application and/or registration form, if your household:

- Has \$100 or less available in cash or in the bank, and
- Expects to receive less than \$150 of income this month, or
- Has rent/mortgage or utility costs that are more than your total gross monthly income, available cash or bank accounts for this month, or
- Includes a migrant or seasonal farm worker whose income has stopped.

### ***BadgerCare Plus Standard and Benchmark/Medicaid/Family Planning Only Services Plans***

Enrollment in these plans will be the 1st day of the month in which the agency receives your application or signed request for assistance.

### ***Temporary Enrollment in Family Planning Only Services***

Temporary Enrollment means that a qualified provider can determine if you meet the program rules, and if so, you can get family planning services right away. You will still need to apply with your agency to keep getting Family Planning Only Services after the temporary enrollment period ends.

Your own doctor or family planning provider may be a qualified provider. If not, call Member Services and ask for a list of Family Planning Only Services qualified providers in your area.

### ***SeniorCare***

SeniorCare begins on the first day of the month following the month in which all enrollment rules are met and payment of the enrollment fee is received.

### ***Caretaker Supplement***

Enrollment begins the 1st day of the month in which the agency receives your application or signed request for assistance.

### ***Backdated Coverage***

If you have medical bills in any of the three months prior to your application date, you may be able to get coverage for those months, if you are:

- Blind or a person with a disability, or
- Age 65 and over, or
- A pregnant woman (except those in the Prenatal Services Plan), or
- A young adult leaving out-of-home care (foster care), or

- A parent or relative who cares for a child with family income at or below 133% of the FPL, or
- A child under age 1 with family income at or below 300% of the FPL, or
- A child ages 1 through 5 with family income at or below 185% of the FPL, or
- A child over age 6 with family income at or below 150% of the FPL.

If you ask for backdated coverage, you will need to provide proof of your answers (including proof of income), for all of the months you are asking for backdated coverage. You can ask for backdated coverage at any time.

### ***Deductible Plans for BadgerCare Plus for Families and Medicaid***

A “Deductible” plan is for people who have high medical bills **and** have been denied BadgerCare Plus (Standard or Benchmark Plan) or Medicaid, because your family income is too high. You may be able to enroll, if you are a:

- Pregnant woman,
- Child under 19 years of age, or
- Person who is elderly (age 65 and over), or
- An adult has a disability or is blind.

The deductible amount is the difference between your monthly income and the monthly program income limits (see page 10 for the program limits).

### ***Monthly Premiums***

Adults enrolled in BadgerCare Plus and have income above 133% of the FPL will be required to pay a monthly premium. The premium will cover all adults in your house.

If you are one of the following, you will not be required to pay a premium:

- American Indian or Alaskan Native Tribal members, children and grandchildren of tribal members, or
- Tribal members and any children of tribal members who are eligible to get Indian Health Services, or
- Pregnant women, or
- Young adults leaving out-of-home care (example: foster care), or
- Blind or a person with a disability.

Premiums are based on your family's gross income and are between 3% and 9.5% of your family's gross income. If your family's income is between 133% and 140% of the FPL your monthly premiums would start at 3%. The most your premium could be is 9.5% of your family income. Premiums will be calculated based on actual income and rounded to the nearest dollar.

### **Self-Employed Adults**

If you are a self-employed parent or caretaker relative who must pay a premium, your premium will be based on your income after your depreciation expenses are added back to your net self-employment income. If your income exceeds 200% of the FPL, the premium is 5% of the family's income.

### **Children**

Children who are required to pay a premium have their premiums set at specific amounts. The amount depends on the family's income and will not be more than 5% of the family's income.

### **Failure to Pay a Premium**

If you have a premium and you do not pay your premium, their benefits may end. If you are an adult you will not be able to enroll in BadgerCare Plus for 12 months and children for 6 months.

### **Report Your Changes**

Certain changes must be reported to the agency. If you do not report a change, you may be prosecuted for fraud or you may be required to repay the state any benefits you should not have received.

If enrolled, your Letter of Enrollment will list the changes you are required to report.

You can report changes online at [ACCESS.wi.gov](https://ACCESS.wi.gov), by mail, phone or in person.

## **Your Rights**

Anyone applying for or enrolled in BadgerCare Plus, Family Planning Only Services, Medicaid, SeniorCare, Caretaker Supplement or FoodShare has the right to:

- Be treated with respect by county and state employees.
- Have all personal information given to the agency kept private.

- Have access to records and files relating to your case, except information given to the agency under a promise of privacy.
- Keep getting benefits, even if you are out of Wisconsin temporarily, but you are still a Wisconsin resident.
- Have your enrollment determined within 30 days from the day the agency gets your application.
- Be told before you have any changes to your benefits or enrollment status.
- Ask for interpreters or translators or ask for help accessing our programs.
- Get emergency medical care (BadgerCare Plus and Medicaid).

## **Fair Hearings**

You may ask for a Fair Hearing, if you believe your:

- Application was denied and you do not think it should have been.
- Application was not acted upon within 30 days.
- Benefits were ended, suspended or reduced and you do not think they should have been.
- Prior authorization request for a medical service was denied and you do not think it should have been.
- For FoodShare benefits, you can also ask for a hearing at any time while you are getting benefits, if you do not agree with the amount of benefits you get.

For more information about Fair Hearings, go to [dhs.wi.gov/em/customerhelp](https://dhs.wi.gov/em/customerhelp) or call 1-800-362-3002.

## **Identification Cards**



If you have had a card in the past, you will not get a new card, unless you ask for one.

### **Wisconsin QUEST Card**

If you are enrolled in FoodShare, you will get a QUEST card. Your benefits will be put into your FoodShare account using an Electronic Benefits Transfer (EBT) system. You use your QUEST card like a debit or credit card at store terminals.

Contact your agency, if you have questions about:

- How to apply for benefits
- Enrollment rules

- Why your application was denied or approved
- Why your enrollment ended
- Why your benefits were reduced

Contact QUEST Customer Service at 1-877-415-5164 if:

- You do not get your benefits or QUEST card
- Your QUEST card is lost, stolen or damaged
- You need to select a new PIN or change your current PIN
- You have questions or need help with your QUEST card
- You need your QUEST card balance

### **Wisconsin ForwardHealth Card**

Each person enrolled in a BadgerCare Plus, Family Planning Only Services or Medicaid Plan will get a ForwardHealth card.

Contact your agency, if:

- Your name or identification number is wrong
- You have a question about your enrollment

If your card is lost, stolen, damaged or you have questions about how to use your card, call Member Services at 1-800-362-3002. You can also ask for a replacement ForwardHealth card online at [ACCESS.wi.gov](http://ACCESS.wi.gov).

### **SeniorCare Card**

Everyone enrolled in SeniorCare will get a SeniorCare card. After receiving your card, call SeniorCare Customer Service at 1-800-657-2038 if:

- Your name or identification number is wrong
- You have a question about your enrollment or how to use your card
- Your card is lost, stolen, damaged

## **Using Your QUEST Card**

You must have your QUEST card with you every time you go to the store to buy food using your FoodShare benefits.

You can use your QUEST card (FoodShare benefits) to buy food at any store that takes part in Wisconsin

FoodShare. You can buy food items such as:

- Breads and cereals
- Fruits and vegetables
- Meats, fish and poultry
- Dairy products
- Seeds and plants to grow food for your family to eat

You may also use your benefits to pay for meals if the provider accepts the QUEST card and you reside in a:

- Drug and alcohol treatment center
- Shelter for battered women
- Shelter for the homeless
- Group home for people with disabilities

You can use your benefits to:

- Eat at a group meal site for senior citizens
- Have your meals delivered to your home (meals on wheels)

## **Covered Health Care Services**



**Please Note:** Not all plans cover the same services. The services listed in this guide can change. These services may also have limits. To see if the service you need is covered, and if there are any limits or copays, ask your health care provider.

### **BadgerCare Plus and Medicaid Standard Plans**

- Ambulance (emergency only)
- Case management services
- Chiropractic services
- Dental services
- Drugs — prescription/over-the-counter drugs
- Emergency room services
- Family planning services and supplies
- HealthCheck Screenings for children
- Home and community-based services
- Home health services
- Hospice care
- Inpatient hospital services, other than services in an institution for mental disease
- Inpatient hospital and skilled nursing facility
- Intermediate care facility services for patients in institutions for mental disease who are:



- Under 21 years of age
- Under 22 years of age and getting services immediately before reaching age 21
- 65 years of age or older
- Intermediate care facility services, other than services at an institution for mental disease
- Laboratory and radiology (x-ray) services
- Medical supplies and equipment
- Mental health, medical day treatment and psycho-social rehabilitative services
- Nursing services, including services performed by a nurse practitioner and nurse midwife
- Optometric/optical services, eye glasses
- Outpatient hospital services
- Personal care services
- Physician services (doctors visits)
- Podiatry services
- Prenatal/maternity care
- Prenatal care coordination for women with high-risk pregnancies
- Respiratory care services for ventilator-dependent individuals
- Skilled nursing home services (other than in an institution for mental disease)
- Substance abuse (alcohol and other drug abuse) treatment
- Therapy (Physical - PT; Occupational - OT; Speech Language Pathology - SLP)
- Transportation to get to BadgerCare Plus or Medicaid covered services
- Tuberculosis services

### **BadgerCare Plus Benchmark Plan**

- Ambulance (emergency only)
- Chiropractic services
- Dental services (pregnant women and children)
- Drugs — Prescription (generic and some over-the-counter)
- Emergency room services
- Family planning services
- HealthCheck Screenings for children
- Home health services
- Hospice care
- Inpatient hospital services, other than services in an institution for mental disease
- Inpatient hospital and skilled nursing facility
- Intermediate care facility services for patients in institutions for mental disease who are:

- Under 21 years of age
- Under 22 years of age and getting services immediately before reaching age 21
- 65 years of age or older
- Intermediate care facility services, other than services at an institution for mental disease
- Medical supplies and equipment
- Mental health, medical day treatment and psycho-social rehabilitative services
- Optometric/optical services, eye glasses
- Physician services (doctor visits)
- Podiatry services
- Prenatal/maternity care
- Skilled nursing home services (other than in an institution for mental disease)
- Therapy (Physical - PT; Occupational - OT; Speech Language Pathology - SLP)
- Transportation to get to BadgerCare Plus covered services

### **Family Planning Only Services**

Through an initial or routine annual family planning related office visit, the following services may be covered:

- Contraceptive services and supplies such as: birth control pills, condoms, etc.
- Natural family planning supplies
- Family planning prescriptions
- Pap tests and treatment for certain Sexually Transmitted Diseases (STD) including herpes, chlamydia, syphilis, gonorrhea as well as certain other lab tests
- Tubal ligation
- Vasectomy
- Routine preventive primary services related to family planning



**Please Note:** Only family planning related services are covered under this plan. For example, mammograms and hysterectomies are not covered.

### **Prenatal Services Plan**

If you are enrolled in Prenatal Services, benefits include:

- Prenatal care
- Doctor and clinic visits
- Prescription drugs, including prenatal drugs

## ACCESS.wi.gov

ACCESS is a fast, private and easy-to-use internet tool that you can use to see what programs you may be able to get, apply for benefits and to manage your benefits.

### Am I Eligible?

The “Am I Eligible?” tool is a fast and easy way to find out if you may be able to get:

- Help with buying food
  - FoodShare
  - School Meals
  - Summer Food
  - The Emergency Food Assistance Program (TEFAP)
  - Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Low- or no-cost health care
  - BadgerCare Plus
  - Medicaid
  - Family Planning Only Services
  - Long-Term Care
- Medicare Savings Program
- Help with buying prescription drugs
  - SeniorCare Drug Assistance
  - Medicare Part D
- Help with paying for child care (Wisconsin Shares)
- W-2 cash assistance and help finding a job (Wisconsin Works)
- Home energy assistance
- Special tax credits
- Low cost life insurance

This tool will take you about 15 minutes to use. We will ask you to tell us about the people in your home, the money you get from a job and other sources, your housing costs and a few other bills you may have.

After you answer the questions, “Am I Eligible?” will list the programs you may be able to get and will also tell you how to learn more about these programs and how to apply.

You will have to apply for these programs to get a final decision about benefits.

### MyACCESS Account

Create your MyACCESS account to apply for benefits and manage your FoodShare, BadgerCare Plus, Medicaid and Child Care benefits. With your MyACCESS account, you can:

- Apply online and/or renew your benefits
- Report changes to your agency
- Submit FoodShare and/or Child Care Six-Month Report forms
- Get up-to-date information about the status of your benefits
- Scan or Upload your items of proof (verification) online to your agency
- Ask for a replacement ForwardHealth Card
- Get an Explanation of Medicaid Benefits

### Income and Asset Limits

Income and asset amounts are based on the FPL guidelines and/or federal program income rules. The FPL guidelines listed are effective as of 2012. These amounts may change each year. For health care programs these amounts change at the beginning of each year. For FoodShare, these amounts change October 1st of each year. Federal guidelines can also be found at [dhs.wi.gov/em/customerhelp](http://dhs.wi.gov/em/customerhelp) and click on “Income Limits”.



**Please Note:** The following are examples of family sizes. For BadgerCare Plus and Medicaid a pregnant mom, dad and one child is a family size of four, as you would count the unborn child.

For FoodShare, it would be a family size of three as you would not count the unborn baby.

### Medicare Savings Program Monthly Income Limits and Assets

| Medicare Savings Plan                            | Assets   | Monthly Net Income Limits |
|--|----------|---------------------------|
| Qualified Medicare Beneficiary — 1 Person        | \$6,940  | \$ 930.83                 |
| Qualified Medicare Beneficiary — 2 People        | \$10,410 | \$1,260.83                |
| Specified Low Income Beneficiary — 1 Person      | \$6,940  | \$1,117.00                |
| Specified Low Income Beneficiary — 2 People      | \$10,410 | \$1,513.00                |
| Specified Low Income Beneficiary + — 1 Person    | \$6,940  | \$1,256.63                |
| Specified Low Income Beneficiary + — 2 People    | \$10,410 | \$1,721.13                |
| Qualified Disabled Working Individual — 1 Person | \$4,000  | \$1,861.67                |
| Qualified Disabled Working Individual — 2 People | \$6,000  | \$2,521.67                |

### Medicaid Monthly Income and Asset Limits

| Type                              | Assets                  | Monthly Net Income Amount                     |
|-----------------------------------|-------------------------|---|
| Medicaid Standard Plan — 1 Person | \$2,000                 | \$549.11 + actual shelter cost up to \$232.67 |
| Medicaid Standard Plan — 2 People | \$3,000                 | \$830.72 + actual shelter cost up to \$349.33 |
| Medicaid Deductible — 1 Person    | \$2,000                 | \$591.67                                      |
| Medicaid Deductible — 2 People    | \$3,000                 | \$591.67                                      |
| Home/Community Based Waivers      | \$2,000                 | \$2,094                                       |
| Institutional Medicaid            | \$2,000                 | \$2,094                                       |
| Medicaid Purchase Plan — 1 Person | \$15,000                | \$2,327.08                                    |
| Medicaid Purchase Plan — 2 People | \$15,000 Applicant Only | \$3,152.08                                    |

### BadgerCare Plus Monthly Income Limits

| Family Size                             | 100% FPL   | 133% FPL   | 150% FPL   | 185% FPL   | 200% FPL   | 300% FPL   |
|---|------------|------------|------------|------------|------------|------------|
| 1                                       | \$ 930.83  | \$1,238.01 | \$1,396.25 | \$1,722.04 | \$1,861.67 | \$2,792.50 |
| 2                                       | \$1,260.83 | \$1,676.91 | \$1,891.25 | \$2,332.54 | \$2,521.67 | \$3,782.50 |
| 3                                       | \$1,590.83 | \$2,115.81 | \$2,386.25 | \$2,943.04 | \$3,181.67 | \$4,772.50 |
| 4                                       | \$1,920.83 | \$2,554.71 | \$2,881.25 | \$3,553.54 | \$3,841.67 | \$5,762.50 |
| 5                                       | \$2,250.83 | \$2,993.61 | \$3,376.25 | \$4,164.04 | \$4,501.67 | \$6,752.50 |
| <i>For each additional person, add:</i> |            |            |            |            |            |            |
|   | \$330.00   | \$438.90   | \$495.00   | \$610.50   | \$660.00   | \$990.00   |

### FoodShare Monthly Income Limits and Maximum Benefit Amount

| People in Household                     | Gross Income Limit | Net Income Limit | Maximum Benefit Amount |
|---|--------------------|------------------|------------------------|
| 1                                       | \$1,816            | \$ 908           | \$200                  |
| 2                                       | \$2,452            | \$1,226          | \$367                  |
| 3                                       | \$3,090            | \$1,545          | \$526                  |
| 4                                       | \$3,726            | \$1,863          | \$668                  |
| 5                                       | \$4,362            | \$2,181          | \$793                  |
| 6                                       | \$5,000            | \$2,500          | \$952                  |
| 7                                       | \$5,636            | \$2,818          | \$1,052                |
| <i>For each additional person, add:</i> |                    |                  |                        |
|   | \$636              | \$318            | \$150                  |

## Proof/Verification Tables

| <b>Proof Needed and Items You Can Use</b>  | <b>BadgerCare Plus</b> | <b>Medicaid</b>      | <b>FoodShare</b>     |
|--|------------------------|----------------------|----------------------|
| <b>Identity</b> <ul style="list-style-type: none"> <li>U.S. passport</li> <li>State driver license</li> <li>School picture ID</li> <li>For children under 18 applying for health care, a signed Statement of Identity form.</li> <li>Military dependent ID card</li> <li>Military ID or draft record</li> <li>Native American Tribal document</li> </ul>   | Yes                    | Yes                  | No                   |
| <b>U.S. Citizenship</b> <ul style="list-style-type: none"> <li>U.S. passport</li> <li>Citizenship ID card</li> <li>Military record</li> <li>Insurance record with U.S. birth</li> <li>Nursing home admission papers showing U.S. birth</li> <li>U.S. birth certificate</li> <li>Adoption papers</li> <li>Hospital record of U.S. birth</li> </ul>  | Yes                    | Yes                  | Yes                  |
| <b>Immigration Status</b> — Anyone who is not a U.S. citizen can use a copy of his or her: <ul style="list-style-type: none"> <li>Alien Registration card</li> <li>Naturalization certificate</li> </ul>   | Yes                    | Yes                  | No                   |
| <b>Tribal Membership and/or Native American or Alaskan Native Descent</b> — Items you can use are: <ul style="list-style-type: none"> <li>Tribal Enrollment card</li> <li>Written verification or document issued by the Tribe indicating Tribal affiliation</li> <li>Certificate of Degree of Indian blood issued by the Bureau of Indian Affairs</li> <li>Tribal Census document</li> <li>Medical Record card or similar documentation that specifies Indian descent issued by an Indian care giver</li> </ul> | Yes                    | Yes                  | No                   |
| <b>Pregnancy</b> — You can use a note or letter from your health care provider that confirms a medically verified pregnancy and includes the due date.   | Yes                    | Yes                  | Yes                  |
| <b>Health Insurance</b> — The State of Wisconsin will check for you to see if employer health insurance is available to you and/or your family members.  | Yes                    | Yes                  | No                   |
| <b>Disability</b> — You may be asked to provide proof of disability or blindness if the state is not able to get this information. If so, you may provide an approval letter from the State Disability Determination Bureau or award letter from the Social Security Administration.   | No                     | Yes<br>(if disabled) | Yes<br>(if disabled) |
| <b>Child Support Paid or Received</b> — You can use: <ul style="list-style-type: none"> <li>Court order</li> <li>Payment record from other state</li> </ul>  | Yes                    | Yes                  | Yes                  |



## Proof/Verification Tables

| <b>Proof Needed and Items You Can Use</b>   | <b>BadgerCare Plus</b> | <b>Medicaid</b> | <b>FoodShare</b> |
|---|------------------------|-----------------|------------------|
| <b>Assets</b><br><ul style="list-style-type: none"> <li>Bank statements</li> <li>Titles</li> <li>Contracts</li> <li>Deeds</li> <li>Life insurance policies, etc.</li> </ul>   | No                     | Yes             | Yes              |
| <b>Job Income and Wages</b> — Proof of all job income and wages for all family members who have a job:<br><ul style="list-style-type: none"> <li>Check stubs (for the last 30 days)</li> <li>A letter from the employer.</li> <li>An Employer Verification of Earnings (EVF-E) form</li> </ul> <p>If you choose a letter, it must have the same information as the EVF-E form. Note: If you want to use an EVF-E form, ask the agency to send one to you. Your employer must complete and sign this form. Return the completed form to your agency.</p> | Yes                    | Yes             | Yes              |
| <b>Self-Employment Income</b> — Proof of income for all family members who are self-employed.<br><ul style="list-style-type: none"> <li>Copies of tax forms</li> <li>A Self-Employment Income Report. To get this form, go to <a href="https://dhs.wi.gov/em/customerhelp">dhs.wi.gov/em/customerhelp</a> or contact your agency.</li> </ul>  | Yes                    | Yes             | Yes              |
| <b>Other Income</b> — You must provide proof of all other income for everyone in your home. Other income may include alimony, child support, disability or sick pay, interest or dividends, Veterans Benefits, workers compensation, unemployment insurance, etc. You can use:<br><ul style="list-style-type: none"> <li>Pension statement</li> <li>Current award letter</li> </ul>   | No                     | Yes             | No               |

## Proof May Be Needed and Items You Can Use

| <b>Proof May Be Needed and Items You Can Use, if You Want to Get the Credit</b>   | <b>BadgerCare Plus</b> | <b>Medicaid</b> | <b>FoodShare</b> |
|---|------------------------|-----------------|------------------|
| <b>Rent or House Payments</b> — Some items you can use:<br><ul style="list-style-type: none"> <li>Lease or rental agreement or receipt/letter from landlord</li> <li>Mortgage payment record</li> </ul>   | No                     | Yes             | No               |
| <b>Utility Costs</b> — Some items you can use are:<br><ul style="list-style-type: none"> <li>Utility and/or phone bill</li> <li>Letter from utility company</li> <li>Firewood receipt</li> </ul>  | No                     | Yes             | No               |
| <b>Medical Costs/Expenses</b> (some examples are doctor visits, insurance premiums, hearing aids, transportation and lodging to see a health care provider, dentures, hearing aids, prosthetics; etc.) — Items you can use:<br><ul style="list-style-type: none"> <li>Billing statement/itemized receipts</li> <li>Medicare card showing Part B coverage</li> <li>Health insurance policy showing premium coinsurance, copayment, or deductible</li> <li>Medicine or pill bottle with price on label</li> </ul> | Yes                    | Yes             | Yes              |

The following items are required to be verified for Caretaker Supplement and SeniorCare. Please see the tables starting on page 12, for items you can use as proof of your answers.

### Proof/Verification Tables

| Proof Needed   | Caretaker Supplement         | SeniorCare |
|--|------------------------------|------------|
| Social Security Number   | Yes                          | Yes        |
| U.S. Citizenship   | Yes                          | Yes        |
| Immigration Status   | Yes                          | Yes        |
| Identity   | Yes                          | Yes        |
| Job Income and wages   | Yes                          | Yes        |
| Self-Employment Income — Proof of income for all family members  | Yes                          | Yes        |
| Other Income (Other income may include alimony, child support, disability or sick pay, interest or dividends, Veterans Benefits, workers compensation, unemployment insurance, etc.) | Yes                          | Yes        |
| Child Support Paid   | Yes                          | No         |
| Pregnancy  | Yes                          | No         |
| Assets   | Yes<br>(minor children only) | No         |

### Other Programs

#### Health Insurance Premium Payment

If a BadgerCare Plus member is offered health insurance by his/her employer the Department of Health Services may enroll the BadgerCare Plus family in that insurance. This is called the Health Insurance Premium Payment program or HIPPP.

HIPPP will pay the family's monthly premium, copays or coinsurance and deductibles for the family health plan. Any BadgerCare Plus covered services not covered by the family health plan will be paid through BadgerCare Plus fee for service.

BadgerCare Plus families enrolled in HIPPP may be required to pay a small copay for services, unless the family member is:

- Under 18 years old
- Receiving pregnancy related services
- Enrolled in a BadgerCare Plus HMO

For more information about HIPPP, call Member Services at 1-800-362-3002.

#### FoodShare Employment and Training Program

FoodShare members are able to get free help to find a job or to get job training, through the FoodShare Employment Training Program (FSET). If you are an adult who gets FoodShare benefits, FSET may be able to help you.

FSET is a voluntary, no-cost program that can help you with:

**Job Search:** This service is to help you learn job seeking skills, so that you will be able to get a job.

**Work Experience:** This service may allow you to see different types of jobs to find out what your job interests are and what job skills you have.

**Education:** This service can help you to get your GED (General Education Development). It also offers English-as-a-Second Language or Adult Basic Education training. Enrollment in a technical or trades program may be available, if it is in an area that has a demand for that type of job.

## **Women, Infants and Children (WIC) Program**

If you are able to get FoodShare or BadgerCare Plus, you may also be able to get the Special Supplemental Food Program for Women, Infants and Children (WIC). Pregnant women and young children may get nutritious food and health/nutrition counseling through this program. To find out more about WIC and other programs, contact 1-800-722-2295, go to [dhs.wi.gov/wic](https://dhs.wi.gov/wic) or [ACCESS.wi.gov](https://ACCESS.wi.gov) and click on “Am I Eligible?”.

**Job Center of Wisconsin** is available to you. Job Center of Wisconsin is the largest source of job openings in Wisconsin. You can visit the Job Center’s website at [jobcenterofwisconsin.com](https://jobcenterofwisconsin.com). (Or, you can use touch-screen computers at your local Job Center.) To find a Job Center near you, call 1-888-258-9966.

## **Key Contacts**

### **Member Services: 1-800-362-3002**

General information about BadgerCare Plus, Medicaid, FoodShare and Caretaker Supplement. This includes questions about your ForwardHealth card or bills for health care services.

### **QUEST Card: 1-877-415-5164**

General information about your QUEST card.

### **Premium Information: 1-888-907-4455**

Premiums and questions about other health insurance and Health Insurance Premium Payment (HIPP).

### **HMO - Enrollment: 1-800-291-2002**

General information about your HMO.

### **HMO - Complaints: 1-800-760-0001**

### **Caretaker Supplement Members: 1-800-362-3002**

General Information

### **SeniorCare Members: 1-800-657-2038**

General information, including questions about your SeniorCare card.

### **FSET (FoodShare Employment and Training)**

Members: Contact your agency.

For the address or phone number of your agency, go to [dhs.wi.gov/em/customerhelp](https://dhs.wi.gov/em/customerhelp) or call Member Services at 1-800-362-3002.

Your agency can help you apply for the programs listed in this guide.

## **Help for People Who Are Elderly, Blind or Have a Disability**

If you are elderly, blind or have a disability, you will be able to find access to resources, services and programs that will be able to meet your needs or those of your family members or friends.

To find a Disability Benefit Specialist (for people age 18 to 59 with a disability) or an Elderly Benefit Specialist (for people age 60 or older), call Member Services at 1-800-362-3002 or go to:

[dhs.wi.gov/aging/EBS/counties.htm](https://dhs.wi.gov/aging/EBS/counties.htm).

## **Discrimination**

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, for health care or FoodShare, contact:

Wisconsin Department of Health Services  
Affirmative Action/Civil Rights Compliance  
1 W. Wilson, Room 555  
Madison, WI 53707-7850  
Phone: (608) 266-9372 (voice) or  
1-888-701-1251 (TTY)

Or, for FoodShare, contact:

USDA, Director,  
Office of Adjudication  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
Phone: 1-800-795-3272 or  
1-866-632-9992 (toll free, voice)

Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish).



**Please Note:** A listing of free or low-cost clinics can be found at:  
[dhs.wi.gov/forwardhealth/clinics.htm](https://dhs.wi.gov/forwardhealth/clinics.htm).

Or, for health care, contact:

HHS, Director,  
Office for Civil Rights, Room 506-F  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: (202) 619-0403 (voice) or  
(202) 619-3257 (TTY).

USDA, HHS and DHS are equal opportunity providers and employers. For civil rights questions, call (608) 266-9372 (voice) or 1-888-701-1251 (TTY) toll-free.

If you have a disability and need this information in a different format, or need it translated to another language, please contact (608) 266-3356 (voice) or 1-888-701-1251 (TTY) toll-free.



State of Wisconsin  
Department of Health Services  
Division of Health Care Access and Accountability